

# LOS ANGELES COUNTY DISTRICT ATTORNEY CHARGE EVALUATION WORKSHEET

Page 1 of 1

<b>X FELONY</b>  <b>MISDEMEANOR</b>	<b>AGENCY NAME</b> SAN GABRIEL PD <b>AGENCY FILE NO. (DR OR URN)</b> 201201166	<b>DA CASE NO.</b> 32536114 <b>DA OFFICE CODE</b> ALA	<b>DATE</b> 07/03/2012 <b>VICTIM ASSISTANCE REFERRAL</b> <input type="checkbox"/> YES - NOTIFY VWAP <input type="checkbox"/> NO
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SUSP NO.	SUSPECT	CODE	SECTION	OFFENSE DATE	REASON CODE
<b>1</b>	<b>NAME (LAST, FIRST MIDDLE))</b> BRYSON, JOHN	VC	20001(A)	06/09/2012	B
	<b>DOB</b> 07/24/1943	<b>SEX (M/F)</b> M		<b>BOOKING NO.</b>	
	<b>VIP -- Yes X No</b>		Gang Member Name of Gang: _____ Victim Gang Member Name of Gang: _____		
	Victim Name: _____		Victim DOB: _____		
<b>2</b>	<b>NAME (LAST, FIRST MIDDLE))</b>				
	<b>DOB</b>	<b>SEX (M/F)</b>		<b>BOOKING NO.</b>	
	<b>VIP -- Yes -- No</b>		Gang Member Name of Gang: _____ Victim Gang Member Name of Gang: _____		
	Victim Name: _____		Victim DOB: _____		
<b>3</b>	<b>NAME (LAST, FIRST MIDDLE))</b>				
	<b>DOB</b>	<b>SEX (M/F)</b>		<b>BOOKING NO.</b>	
	<b>VIP -- Yes -- No</b>		Gang Member Name of Gang: _____ Victim Gang Member Name of Gang: _____		
	Victim Name: _____		Victim DOB: _____		

  

**Comments**  
 Suspect collided with a car, backed into it again, drove off and was ultimately involved in a collision with a second car. The suspect was found unconscious behind the wheel and transported to the hospital. He appeared disoriented at the scene and the hospital. At the hospital he was treated by the admitting doctor and a neurologist. Blood tested negative for alcohol and controlled substances but positive for Ambien. Quantitative analysis for Ambien showed low end of therapeutic levels. Criminalist can not say it was a factor in driving or the collisions. Both treating doctors agree that suspect was suffering from confusion following a seizure and crashed as a result. Based on doctors' opinions there is insufficient evidence to show knowing failure to provide personal information for hit and run. Further, based on blood test and medical condition there is insufficient evidence to prove driving under the influence.

  

<b>COMPLAINT DEPUTY (print)</b> DEBORAH KASS	<b>COMPLAINT DEPUTY (SIGNATURE)</b> 	<b>STATE BAR NO.</b> 095092	<b>REVIEWING DEPUTY (SIGNATURE)</b> 
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I have conveyed all relevant information to the above-named Deputy District Attorney to be used in consideration of a filing decision.

FILING OFFICER (PRINT): FLORES FILING OFFICER (SIGNATURE): SERIAL #: 25

<b>DEPARTMENT OF JUSTICE REASON CODES (FORM 8715)</b>  A. Lack of Corpus B. Lack of Sufficient Evidence C. Inadmissible Search/Seizure	D. Victim Unavailable/Declines To Testify E. Witness Unavailable/Declines to Testify F. Combined with Other Counts/Cases G. Interest of Justice	H. Other (Indicate the reason in Comments section) I. Referred to Non-California Jurisdiction J. Deferred for Revocation of Parole K. Further Investigation	L. Prosecutor Prefiling Deferral <b>DISTRICT ATTORNEY'S REASON CODES</b> M. Probation Violation filed In lieu of N. Referred to City Attorney for Misdemeanor Consideration
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LAST NAME: BRYSON

FIRST NAME: JOHN

DA CASE NUMBER: 32536114